

# RECORD OF AERONAUTICAL EXPERIENCE

Name		Date of Birth		Social Security Number		
<p>Rating Record-Indicate certificate privileges for ratings below by showing appropriate letter in column 1.  A=Airline Transport B=Commercial C=Private <b>D=Flight Instructor Rating in column 2.</b></p> <p>1.____ 2.____ Airplane Single Engine Land    1.____ 2.____ Helicopter  1.____ 2.____ Airplane Single Engine Sea    1.____ 2.____ Instrument Helicopter  1.____ 2.____ Airplane Multiengine Land  1.____ 2.____ Airplane Multiengine Sea  1.____ 2.____ Instrument Airplane</p> <p>Other Ratings (Specify) _____ Type Ratings (Specify) _____  Airframe/Powerplant Certificate _____ Inspection Authorization _____</p>				AIRMAN CERTIFICATES HELD		
				Type	Date (original) Issued	Certificate Number
				Airline Transport Pilot		
				Commercial Pilot		
				Private Pilot		
				Flight Instructor		
				Medical-Circle the Correct Certificate	Date last certificate issued:	Class: First    Second    Third

Classification of Flight Hours - The columns for Type and Total Hours must balance with Helicopter/Airplane Make and Model column. Sections A and B will be compared.

A. Type and Total Hours	Total Hours Last 12 Months	Total Hours to Date		B. Airplane/Helicopter Make and Model	Weight Class		Total Hours to Date	
		Pilot-in- Command	Co-Pilot		Under 12,500 Pounds	Over 12,500 Pounds	Pilot-in-Command	Co-Pilot
Total Pilot Time								
Single Engine (Airplane Only)								
Single Engine Seaplane								
Twin Engine (Airplane Only)								
Multiengine Seaplane								
Four Engine (Airplane Only)								
Multiengine Less Than 12,500 Gross Weight								
Multiengine More Than 12,500 Gross Weight								
Jet								
Helicopter								
Actual Instrument								

Hood Instrument								
Synthetic Trainer								
Flight Simulator								
Night								
Primary/Advanced Instructor								
Instrument Instructor								

OAS-61 (03/96)

If answers to the following items require more space, use a separate piece of paper and staple it firmly to this form. Number your answers according to the question you are completing.

- Flight Instructor Experience (List names and locations of schools by which you were employed or with which you were associated, inclusive dates [Mo/Yr] for each period of employment, average hours per week worked, types of instruction given and types of aircraft used. \_\_\_\_\_  
\_\_\_\_\_
- Natural Resource Pilot Experience: List all pilot experience working in the natural resource field. Include type of pilot duties, type aircraft, agency, and the nature of the work (wild fire suppression, resource surveys, animal surveys, animal capture, etc.). Also provide the same information for flight operations conducted below 500 feet AGL (don't include flight training maneuvers or take-off/landing operations):  
  
\_\_\_\_\_
- Physical limitations: \_\_\_\_\_
- Cross-Country - List areas of cross country flown and type of operation: \_\_\_\_\_  
\_\_\_\_\_
- List location, season, work situation, and type(s) of aircraft flown for the following:  
  
Arctic Environment: \_\_\_\_\_  
  
Remote Areas: \_\_\_\_\_  
\_\_\_\_\_
- Seaplane/Amphibious Operations - Give brief resume of experience: \_\_\_\_\_  
\_\_\_\_\_
- List aircraft in which you have made landings and take-offs in water and number of each: \_\_\_\_\_  
\_\_\_\_\_
- Violations (List/Explain any violations with Federal Aviation Regulations): \_\_\_\_\_  
\_\_\_\_\_
- Accidents/Incidents with aircraft (List in detail): \_\_\_\_\_  
\_\_\_\_\_

Providing the information requested on this form, including your SSN, is voluntary. However, failure to do so may result in your not receiving an accurate rating, which may hinder your chances for obtaining Federal employment.		
<b>ATTENTION -- THIS STATEMENT MUST BE SIGNED</b> Read the following paragraph carefully before signing this Statement		
A false answer to any question in this Statement may be grounds for not employing you, or for dismissing you after you begin work, and may be punishable by fine or imprisonment (U.S. Code, Title 18, Sec. 1001). All statements are subject to investigation, including a check of your fingerprints, police records, and former employers. All the information you give will be considered in reviewing your Statement and is subject to investigation.		
<b>CERTIFICATION</b>  I CERTIFY that all of the statements made in this Statement are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.	Signature (Sign in ink)	Date Signed (Month, Day, Year)